

animals, and quantities of putrefying meat and meat products, wet and decaying grain, and a favorable temperature for the breeding of flies and mosquitoes.

The services in these matters included advisory guidance of local personnel where an organized program existed, entomological survey and evaluation, estimation of need, and supervision of field operations where needed.

A very special entomological study was

conducted in the River des Peres Valley in St. Louis, where outbreaks of encephalitis have occurred in the past.

In no case was personnel assigned or assistance rendered until requested by the State health officer.

The magnitude of the assistance rendered is reflected by the cost, which will total nearly \$90,000. This cost does not include salaries, except in the cases of four temporarily employed persons.

NATIONAL MORBIDITY REPORTING - 1952

Effective January 1, 1952, the States and Territories of the United States will forward summaries of morbidity reports for a revised list of diseases by means of streamlined procedures designed to assure prompt dissemination of the information.

Inauguration of these changes was assured when the Association of State and Territorial Health Officers meeting in San Francisco at the annual convention of the American Public Health Association approved and endorsed the report and recommendations of the Subcommittee on National Morbidity Reporting, presented by Dr. Bruce Underwood, Chairman of the Infectious Diseases Committee. The same report, presented by the Subcommittee on National Morbidity Reporting of the Committee on Administrative Practice was approved by the American Public Health Association.

Thus, the Subcommittee on National Morbidity Reporting, consisting of five State epidemiologists and constituting a Subcommittee for the ASTHO, the APHA, and the Conference of State Epidemiologists, after more than a year's effort and with the assistance and consultation of State epidemiologists, laboratory directors, statisticians, U. S. Public Health Service consultants, and other well-known research workers in fields of epidemiology, microbiology, and statistics, prepared the way for fulfillment of a recommendation made at the 49th Conference of the Association of the State and Territorial Health Officers.

The Conference of State Epidemiologists, with Dr. Alexander D. Langmuir, CDC, as general chair-

man, and Dr. R. E. Serfling, also of CDC, as Executive Secretary, enunciated the broad principles governing the revision of the list of diseases and reporting procedures. The Conference, held in Atlanta last April under the sponsorship of the CDC and National Office of Vital Statistics, was conducted by the Subcommittee with Dr. A. C. Hollister as chairman. The tentative report of the Conference was forwarded to each State and Territory for comment, suggestion, and revision, and on September 26 when the Subcommittee gathered in Atlanta to write the final report and recommendations, replies had been received from 37 States, 2 independent cities, and 2 Territories. After study and consideration of the submitted comments, the final report was drafted for submission to the Association of State and Territorial Health Officers.

The revised reporting procedures provide for submission of weekly reports of State morbidity totals to the NOVS, and at the end of the calendar year, a corrected summary of these figures by months for the State, and by annual totals for each county. In addition, it was recommended for those diseases for which confirmatory laboratory tests are available, that a State total for the known number of laboratory-confirmed cases be reported. It was also recommended that a system be developed for reporting animal diseases which are transmissible to man.

The NOVS has prepared a manual of procedures which will be made available to all States, and which describes in detail the forms and procedures

which will be used to implement the revisions in national morbidity reporting.

In addition to Dr. Hollister, the Subcommittee included Dr. C. R. Freeble, Ohio; Dr. A. L. Gray, Mississippi; Dr. R. F. Korns, New York; and Dr. A. S. McCown, Virginia. Dr. Serfling was Executive Secretary, and consultants to the Subcommittee were Dr. C. C. Dauer, NOVS; Dr. Langmuir; Mr. F. M. Saybolt, New Jersey, and Miss Vivian Hol-

land, Wisconsin, Chairman and former Chairman, respectively, Working Group on Morbidity Statistics of the Public Health Conference on Records and Statistics; Dr. T. J. Bauer and Dr. R. A. Anderson, Directors, respectively, Division of Venereal Disease and Division of Chronic Disease and Tuberculosis, U. S. Public Health Service.

The recommendations which were approved for implementation on January 1, 1952, follow:

RECOMMENDATIONS FOR REVISING NATIONAL MORBIDITY REPORTING

I. International Quarantine Agreement

An international quarantine agreement to which the United States is a signatory requires the immediate notification by telegram of the following diseases to the Surgeon General of the U. S. Public Health Service:

- Cholera
- Plague
- Smallpox
- Typhus fever, epidemic (louse-borne)
- Yellow fever

II. Epidemic Reports

All outbreaks or unusual occurrences of communicable and other diseases of public health interest should be reported promptly to the U. S. Public Health Service. All such reports should be sent by or through the state health officer.

III. Weekly Summary of Notifiable Diseases

The total number of cases not previously reported for a minimum list of diseases (Table I), should be reported weekly to the Public Health Service by each state. Such reports are considered as provisional data, subject to further screening by all interested agencies.

IV. Annual Summary of Notifiable Diseases

A. Annual summary by calendar year should be made to the Public Health Service for an expanded list of diseases. (Table II.)

B. The annual summary should consist of the following tabulations:

1. State totals of cases not previously reported of the diseases in Table II by month, with specification of method of allocation to month according to one of the following:

- (a) Date of onset
- (b) Date of report
- (c) Date of receipt of report by local health office
- (d) Date of receipt of report by state health office
- (e) Other (Specify)

2. State totals of laboratory confirmed cases.

The states should individually establish standards for acceptable laboratory confirmations for inclusion in these reports to the U. S. Public Health Service, recognizing the desirability of eventually achieving uniformity of these standards among the States.

3. Summarization of notifiable diseases by county of usual residence for each disease in Table II.

V. Venereal Diseases and Tuberculosis

The annual summary of notifiable diseases should contain tabulations of the number of Tuberculosis and Venereal Diseases cases. This does not affect the collection and distribution of certain data by the Tuberculosis* and Venereal Diseases Divisions of U. S. Public Health Service from states for purposes of program development or operational activities.

VI. Morbidity Reports from Cities

The Subcommittee notes that arrangements exist whereby weekly morbidity reports are furnished to the National Office of Vital Statistics by a selected list of cities throughout the United States. It is the consensus of the committee that this procedure should continue, but it recommends further study of the purposes and procedures for such reports.

VII. National Morbidity Reporting Procedures

The reporting procedures needed to implement the collection of the data described in the recommendations of the committee will be defined in a manual of morbidity reporting procedures prepared by the National Office of Vital Statistics. The draft of this manual has been prepared by the National Office of Vital Statistics with consultation from this Subcommittee, Communicable Disease Center, Venereal Diseases and Tuberculosis Divisions and the Working Group on Morbidity Statistics of the Public Health Conference on Records and Statistics. This manual should be distributed to all states and other appropriate agencies if and when the national morbidity reporting plan is approved by the Association of State and Territorial Health Officers.

VIII. Reporting Animal Diseases

Information as to the occurrence of certain animal diseases which may be transmitted to man is urgently needed for prevention of these diseases in man. Such information should be furnished by veterinarians and others through suitable channels for availability to local, state, and national health agencies. The threat of biological warfare adds to the urgency of developing this program, although the need for such a program has been apparent for many years.

*Now Division of Chronic Disease and Tuberculosis.

DISEASES RECOMMENDED FOR NATIONAL MORBIDITY REPORTING

Table I. Weekly Summary of Notifiable Diseases

Anthrax	Plague
Botulism	Poliomyelitis
Brucellosis	Rabies in man
Cholera	Rabies in animals
Dengue	Rocky Mountain spotted fever
Diphtheria	Smallpox
Infectious encephalitis	Streptococcal sore throat
Infectious hepatitis, including serum hepatitis	including scarlet fever
Malaria	Trichinosis
Measles	Tularemia
Meningococcal meningitis and meningococcemia	Typhoid fever
Pertussis (whooping cough)	Typhus fever, endemic
	Typhus fever, epidemic
	Yellow fever

Table II. Annual Summary of Notifiable Diseases*

Amebiasis	Q-fever
Anthrax	Rabies in man
Botulism	Rabies in animals
Brucellosis	Rocky Mountain spotted fever
Cholera	Salmonellosis
Dengue	Shigellosis
Diphtheria	Smallpox
Glanders	Streptococcal sore throat including scarlet fever
Infectious encephalitis (by etiology if known)	Tetanus
Infectious hepatitis, including serum hepatitis	Trachoma
Leprosy	Trichinosis
Leptospirosis	Tuberculosis (all forms)
Malaria	Tularemia
Measles	Typhoid fever
Meningococcal meningitis and meningococcemia	Typhus fever, endemic
Pertussis (whooping cough)	Typhus fever, epidemic
Plague	Yellow fever
Poliomyelitis	Venereal diseases
Paralytic	Chancroid
Non-paralytic	Gonorrhea
Unspecified	Granuloma inguinale
Psittacosis	Lymphogranuloma venereum
	Syphilis
	Primary and secondary
	All other

*All diseases for which laboratory confirmations are available are to be reported by (1) Total Cases, and (2) Total Laboratory confirmed cases.

A SURVEY TO DETERMINE THE PREVALENCE AND DISTRIBUTION OF TYPHUS IN RATS IN TEXAS

REUEL H. WALDROP, Sanitarian (R)* and LOUIS J. OGDEN, Sanitarian (R)**

INTRODUCTION

The problem of typhus control in Texas and in the Nation has been the concern of public health personnel for some years. In 1945, the Texas State Department of Health started an extensive

typhus control program with operational policies based primarily on the incidence of murine typhus fever in humans. This program consisted of dusting rat runs and harborages with 10 percent DDT plus rat poisoning. Ratproofing was begun in a few cities prior to 1945. In this beginning year, a large portion of the 1,844*** human typhus cases

*In charge, Texas Typhus Control Program, CDC Activities, Texas State Department of Health, Austin, Tex.

**State CDC Entomologist, Texas State Department of Health, Austin, Tex.

***Data on the incidence of reported human typhus cases furnished by the Bureau of Vital Statistics, Texas State Department of Health.